

Foster Family Home - Corrective Action Report

Provider ID: 1-626054

Home Name: Susan Jung, CNA

Review ID: 1-626054-5

98-1558 Hoomahilu Street

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 4/9/2018

End Date: 4/9/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 3 client CCFFH recertification survey. Home was in compliance with all requirements.

Carrie Wakai
Compliance Manager

Susan Jung
Primary Care Giver

4/9/18
Date

4/9/18
Date